

## Component 1 – Education and Outreach continued

knowledge or training in lead-safe work practices. With increasing awareness of lead hazards in residential housing built before 1950, there will be a need for lead-safe work practices training for renovators, remodel industry workers, rehabilitation contractors, and maintenance personnel. The Task Force intends to offer these training sessions for private and public home improvement workers. The intended outcome will be for contractors and maintenance workers to properly contain, control, minimize, and clean up leaded dust and debris when working in pre-1978 units.

### Evaluation Plan

Through a timely assessment of the current use and effectiveness of materials and methods of outreach, the Task Force will identify and improve future education and outreach efforts. One of the essential needs of the Task Force is to assure the consistency of messages to the general public. All printed material, PowerPoint, and public presentations will be reviewed and revised for consistency and currency of information. Specialized materials used to inform and educate medical professionals will be peer-reviewed for quality and accuracy prior to printing and distribution. Requests for materials as well as commentary on the content by recipients will be measurable outcomes.

It is important to address the need for diversity in educational efforts, including culturally and linguistically appropriate materials that serve different populations at risk. Materials will be developed as new audiences are identified



within the communities at risk. As educational efforts are deployed within specific neighborhoods, additional needs will be identified, which will be addressed through the creation of new materials. Staff working with these clients will be educated in diverse cultural practices. The training results will be monitored for their impact and effectiveness in addressing various cultural needs.

It will be a priority for the Task Force to work more closely with owners of rental properties. Through the creation of appropriate printed materials, an aggressive search for opportunities to make presentations at landlord gatherings, and one-on-one discussions with individual property owners, the Task Force intends to educate and collaborate with this

important target audience. It is anticipated that these efforts will result in increases in groups and individuals meeting to gather information about the status of lead poisoning in Detroit, to learn how they can participate, and to receive instruction and advice on specific repair needs on individual properties. Further measurable indicators will be an increased rate of compliance with any violation notices issued as well as proactive efforts to implement lead-safe repairs by owners. Outreach to tenants and property owners concerning their individual rights and responsibilities, including the federal requirement for notification and disclosure of known lead-based paint and/or lead-based paint hazards, will be monitored.

## Component 2 – Universal and Targeted Testing

### Overview

The Universal Testing Policy (UTP) for the City of Detroit was developed by the DCLPP&CP lead advisory committee based on CDC recommendations in the **Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. Centers for Disease Control and Prevention (November 1997)** and local data, which revealed every child in Detroit is at risk for lead poisoning. The UTP was approved by the CDC on October 6, 2000 (see Appendix B - Universal Testing Policy), and it was published and unveiled at a press conference held on March 7, 2001 by the former Health Director, James A. Buford. At the end of FY 2001, the Department signed Memorandum of Agreements with six local Health Maintenance Organizations (HMOs) to test their members for lead through the Department's Women, Infants and Children program.

The UTP is continually promoted and distributed. Ninety-five percent of medical providers listed in the State's Medical Services Administration database were mailed a copy of the UTP. Establishing and implementing it was an effective strategy for increasing the percentage of

children enrolled in Medicaid and those in the general public tested for lead. The table below depicts the success of the City in testing more children. The number of children tested increased by 37.1% between 2000 and 2003.

The utilization of surveillance data from the Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) database has guided testing initiatives in Detroit. The core of this surveillance system is a child-specific database that allows for multiple lab tests and multiple addresses to be related to a single child so that the child can be followed over multiple years. The jurisdiction-wide childhood blood lead surveillance system addresses the following areas: case management, testing, monitoring children's blood lead levels, and prevention activities.

The overarching goal of the Universal and Targeted Testing subcommittee is *to increase the percentage of children tested by 2.5% annually (baseline 35%-2003)*. The following activities will direct the Task Force toward the achievement of this goal:

**Disseminate the UTP to Medical Providers Serving Children Under Six Years of Age in Detroit**



The Task Force will continue to identify medical providers serving children under the age of six and disseminate the UTP. After dissemination of the UTP, a randomized survey will be conducted to assess the knowledge, attitudes, and practices among medical providers concerning childhood lead poisoning and lead testing. This survey will identify possible barriers impeding medical providers' compliance to UTP recommendations. Education strategies will be tailored to their specific knowledge and testing practices. The UTP will be

Calendar Year	# Tested	Percentage	Prevalence	% change of children tested from the previous year
2000	24,417	22%	10.5%	(1999-2000) – 5.7%
2001	30,886	33%*	10.7%	(2000-2001) +26.5%
2002	32,540	35%*	8.9%	(2001-2002) +5.4%
2003	32,698	35%*	6.4%	(2002-2003)

\* = % out of 93,365 children under the age of six based on 2000 Census data (Source: State Calendar Year Data, 1999-2001; 2002; 2003)

## Component 2 – Universal and Targeted Testing continued

reviewed for consistency and comprehensibility, and revisions will be made if needed.

### Increase Testing Among Health Maintenance Organizations Serving Children Under Six Years of Age in Detroit

It is currently estimated that less than half of all Medicaid children in the City of Detroit are being tested for lead. Thus, the Task Force will continue collaborating with Health Maintenance Organizations (HMOs) to increase testing rates of children enrolled in Medicaid. The process of determining testing rates of Medicaid children will require a direct comparison of the Medicaid database with the STELLAR database. A close analysis of these data will influence planning strategies for increasing low testing rates of the Medicaid enrollee population.

### Target Testing for High Risk Populations (Medicaid enrolled children, children 0-3 years, and racial and ethnic groups) in Detroit

Effective screening efforts will apply to both the Medicaid and non-Medicaid populations, and they will be enfolded in the Strategic Lead Poisoning Elimination Plan. Multiple activities are planned to evaluate the potential need for testing sites for uninsured children by using surveillance data to identify areas known to have low testing rates in high-risk populations. These populations may be found within groups identified with cultural or language barriers; therefore, obtaining partners with bilingual services will decrease the exclusion of

these children being tested. When located, these families will be referred to appropriate testing sites with bilingual staff to provide education regarding testing and lead poisoning prevention and control. The bilingual staff will also work with families to link them with residential lead hazard reduction and treatment programs. If testing sites are not readily available and the need is apparent, optional sites will be identified through our partners for use on an as-needed or scheduled basis. Within the scope of this search for sites, collaborations with WIC clinics, pre-schools, Maternal Child Health Programs, immunization clinics, and other programs will be expanded to accommodate more missed opportunities for testing children ages 0-3. In addition to identifying sites, the Tasks Force will identify physicians and testing sites that provide non-traditional service hours.

### Evaluation Plan

In order to determine the current use of the UTP, we will review the survey instrument distributed to providers and evaluate the results of the survey. The survey will identify medical providers that may not be testing appropriately and the barriers impeding their appropriate testing. The survey results will be used to provide the basis for education strategies targeting medical providers.

The MDCH screening report on testing rates among HMOs for children ages 0-3 will be used to evaluate the success of testing high-risk populations in Detroit. Strategies will be developed to promote an increase in testing for



HMOs with low testing rates. Their progress will be monitored and included in a quarterly report. The progress report will be shared with HMOs and those that have successfully encouraged their medical providers to utilize the UTP will be recognized.

Evaluation of activities to increase testing among high-risk populations will begin with a careful search of databases to identify medical providers who serve the Medicaid communities but may not be testing children in accordance with the UTP.

Activities planned to increase the blood lead testing will have measurable characteristics for comparative analysis. Earlier data depicting the number of children within various age groups and sections of the City tested by year will be compared with the data in specific target populations after the implementation of these activities.

## Component 3 – Primary Prevention

### Overview

Historically, the DCLPP&CP has focused its efforts on secondary prevention activities, which reduce the harmful effects of elevated blood lead levels (EBLLs) after lead poisoning has occurred. These secondary prevention activities include identifying children with EBLLs through the Universal Testing Policy and providing medical and environmental case management services. Fully aware that the secondary intervention model was not stemming the tide of childhood lead poisoning in neighborhoods at-risk, the DCLPP&CP, with supplemental funding from the CDC, designed and implemented its first primary prevention project in October 2002. The goal of the project was to reduce lead hazard exposure to pregnant women, newborns, and children ages one and two with blood lead levels (BLLs) between 4  $\mu\text{g}/\text{dL}$  and 9  $\mu\text{g}/\text{dL}$  in identified high-risk homes and neighborhoods. The project focused on pregnant women, as they are at increased risk because lead ingested and inhaled by the mother can cross the placenta and adversely affect the unborn fetus. Toddlers were also targeted due to their normal hand-to-mouth behavior and because lead is most harmful to this population, as it is easily absorbed into their growing bodies and interferes with their developing brain and other organs and systems.

The primary prevention project capitalized on the preexisting DHWP Maternal Support Services (MSS) program, which aims to reduce infant morbidity and mortality through myriad services pro-



vided by public health nurses, social workers, and nutritionists. Lead poisoning prevention interventions were incorporated into the previously established maternal support services. A teaching-outreach model was employed in conjunction with specialized lead dust cleaning in individual housing units.

Understanding that the abatement of lead hazards is the only permanent solution to Detroit's pervasive lead problem, proactive measures were employed to reduce the participants' immediate residential exposure to lead. When lead

hazards were identified in the participants' homes through a lead inspection, risk assessment, and lead dust sampling, they were referred to the City of Detroit Planning and Development Department for lead abatement services.

Two important things occurred during this primary prevention project, which were above and beyond the intended goal of reducing lead dust levels. One very important development was the demonstration of self-empowerment over a relatively short time period in which the participant was able to see results

## Component 3 – Primary Prevention continued

of the ongoing cleaning process. The second development had to do with the discovery that some property owners who were informed of the actions taken in the rental units were pleased, both with the concept and the goal of protecting their tenants. As a result of this project, there is documentation that immediate hazard reductions, conducted through the cleaning of critical surfaces within a home, have demonstrated positive outcomes. Using this method, coupled with focused educational efforts, primary prevention initiatives will be expanded in Detroit.

The overarching goal of the primary prevention subcommittee is *to prevent lead exposure in children residing in Detroit*. The following activities will direct the Task Force toward the achievement of this goal:

### Expand Primary Prevention Activities

The expanded primary prevention strategy will be built on the foundations already established by the DCLPP&CP in its 2002 demonstration project. Based upon surveillance data, the project will be expanded into the target areas identified as having families with young children at high risk for lead poisoning. The project staff will locate and bring interventions to the homes of pregnant women and newborns as well as women with children under the age of six. This prioritization of services is based on the intent to teach and demonstrate immediate methods of lead hazard reduction so households can manage lead hazards on a temporary basis until a more permanent intervention can be completed. Using a model very similar to the 2002 demonstra-

tion, the DCLPP&CP will expand its activities and capacities through collaborations with community-based organizations specially trained as partners for these efforts.

Another ongoing effort to provide primary prevention within Detroit is to make High-Efficiency Particulate Air (HEPA) filter vacuum cleaners available on loan, for private use by those seeking to reduce lead-contaminated dust and debris in their housing units. Currently, the DCLPP&CP does not advertise this service very widely, so it intends to expand its HEPA lending program through greater publicity and program outreach efforts.

### Educate Participating Property Owners and Tenants to Identify Lead Hazards and Control Techniques to Prevent Lead Exposure to Children

Lead poisoning prevention workshops will be conducted for property owners and tenants wishing to learn about lead-safe work practices and lead hazard reduction techniques. The plan involves scheduled classroom events, open to the public and free of charge. These workshops would be broadly publicized with a focus on areas in the City where lead hazards are most often present. Publicity through multimedia, flyers to homes in the target area, and letters to Section 8 landlords are some of the methods planned for this outreach effort.

Over the past few years, families with a lead-poisoned child had been referred to housing repair programs. Through a collaborative effort, homes with lead-based paint hazards will be referred to abatement agencies and



Weatherization and Energy Saving programs for potential enrollment.

### Evaluation Plan

The number of newly enrolled pregnant women and non-lead poisoned children will be monitored on a quarterly basis. Knowledge pre- and post-test results will be analyzed to identify gaps and knowledge gained. The number of participants in the expanded HEPA-Vacuum Loan program will be monitored. Pre, post, and final dust wipe samples will be analyzed to determine the presence or reduction of lead dust hazards. The number of home visits conducted, education sessions, workshops, outreach activities, and information packets mailed to property owners will be monitored and compiled.

## Component 4 – Housing

### Overview

The pervasiveness of deteriorating lead-based paint in the bulk of the housing stock is the major cause of the lead problem in Detroit. The risk of lead exposure is directly related to the age and condition of housing.

Deteriorating lead-based paint, which is the most important remaining source of lead exposure for U.S. children, is often found in homes built before 1978. Ninety-seven percent (351,340) of the 367,455 housing units in Detroit were built prior to 1978 thus, it is likely that a large percentage of Detroit's housing units contain lead-based paint. However, homes built before 1950 pose the greatest risk because they contain high levels of lead-based paint along with associated contamination of soil. More specifically, 56 percent of Detroit's housing stock was built before 1950 and the condition of the housing stock built prior to 1960 is characterized as poor to moderate (Detroit Housing Commission grant application, 2002). Data indicate that many of the homes in which low-income families with young children identified with an EBLL reside in poorly maintained rental properties. Of Detroit's 325,078 occupied housing units, roughly 43 percent are renter-occupied (U.S. Census 2000).

The overarching goal of the Housing subcommittee is *to create lead safe housing in the City of Detroit*. The following activities will direct the Task Force toward the achievement of this goal:



### Establish a Baseline of Lead Safe Pre-1978 Housing

A reporting mechanism will be established for gathering data regarding homes that have been abated and cleared. This reporting mechanism will allow the Task Force to track lead-safe housing. The concept of knowing the location of lead-safe housing is a logical step in the elimination plan; therefore, it is important to ensure that homes continue to remain lead-safe and to manage an updated database.

### Increase the Number of Abated Homes Annually

It is important to increase public awareness of available abatement resources in Detroit. This activity will be coordinated with the Education and Outreach subcommittee. One of the noted barriers to accessing abatement services is

the complexity of the application and eligibility requirements. In an effort to improve the availability and awareness of applications for Housing and Urban Development (HUD) Lead Hazard Control Grant funds, the Task Force will assist property owners with the required application process. Since literacy issues are often present in the population at risk, this service is expected to increase the number of applicants attempting to obtain financial assistance for lead-related repairs on both rental and owner-occupied housing. Neighborhood City Halls, particularly those within the targeted sections of the City, will be prime locations for distributing applications.

Surveillance data will be used to target neighborhoods with the highest number of lead poisoned children. Armed with these data, Task Force members will conduct

## Component 4 – Housing continued

door-to-door campaigns to disseminate literature regarding abatement resources and programs. In an effort to prioritize houses referred for abatement services, surveillance data will be used to identify chronic pre-1978 lead hazardous homes that have been the source of lead poisoning in two or more unrelated children in high-risk neighborhoods. In a further attempt to assure lead-safe housing in Detroit, abatement will be linked to the Weatherization and Energy Saving programs through a referral process. In recognizing the importance of decent housing to good health, the Task Force will refer other housing violations, with the use of digital imaging, to the Department of Buildings and Safety Engineering (BSE) and Community Industrial Hygiene for resolution. Available resources will be identified for relocation of families during the abatement process in an attempt to reduce further lead exposure.

### Increase the Awareness of Lead-Safe Homes in Detroit

Establishing and promoting the use of a Housing Registry is one of the goals for a lead-safe Detroit. Lead Elimination Action Plan (LEAP) Detroit is currently creating such a registry, and the prototype is currently on the LEAP Detroit website. Recommendations will also be made to the Detroit City Council Subcommittee on Dangerous Buildings to refer property owners of hazardous houses to abatement agencies. In addition, lead-safe work practice information and disclosure requirements will be available. Recommendations will also be made to BSE to monitor rental property that has been previously identified with uncorrected lead hazards to increase awareness within City departments of unsafe homes.

### Increase the Number of Interim Controls Completed Within 30 days

The use of surveillance data give



DCLPP&CP the ability to identify lead hazardous housing where lead poisoned children reside. Houses will be prioritized for interim controls, referrals based on the child's age, blood lead level, and the condition of the home.

### Evaluation Plan

To monitor the progress of increasing the number of lead-safe housing in Detroit, surveillance data will be utilized to monitor the number of homes that have been successfully abated. The baseline data of lead-safe housing will be compared with newly acquired data after implementation of these activities. We will ensure that homes have received interim controls services within 30 days from receipt of the referral by monitoring the outcome of the referral. Housing agencies engaged in interim controls/abatement will report activities to the steering committee on a quarterly basis. A comparison of the number of applications distributed with the number completed will be used to monitor the number of completed



## Component 5 – Legislation and Code Enforcement

### Overview

Section 24-10 of the City Code, which was enacted in 1964 and amended in 1984, governs lead hazard reduction in housing. The lead ordinance gives DHWP authority to enforce corrections of lead hazards presenting a danger of lead poisoning to a child who inhabits or habitually frequents such a dwelling.<sup>5.3</sup> The language within Section 24-10-6 authorizes a violation notification for deteriorating lead-based paint that can potentially expose a child to lead-based paint hazards. This important aspect of the existing law makes it possible to administer citations requiring stabilization and repair of housing with deteriorated exterior painted surfaces, including porches, window sashes, and siding. Another important aspect is the apparent affirmative legal duty, in Section 24-10-6, for owners to proactively address lead hazards in their units before a child can be poisoned. Of particular importance is the lack of a requirement that a lead poisoned child be in residence before the



5.3 Section 24-10 of the City Code.

Department can require property owners to address lead hazards. However, the Department has encountered barriers that impede efficient implementation of the local lead ordinance. These barriers include:

- Deficient information regarding ownership and location of property owners necessary to enforce local code enforcement laws
- The lack of property owners' attendance at administrative hearings
- The lack of an organized rental property organization to facilitate lead hazard prevention and control activities

As new legislative needs are identified, the Task Force will support the passage of new bills that might impact enforcement. Local support is pledged toward State measures to provide incentives to property owners that proactively and independently conduct lead hazard reductions in their units. Such incentives might include tax-credits or tax abatements. In addition, there is local support for federal regulations that would require lead-safe work practices and training for all renovation/home improvement contractors and workers within the industry.

The overarching goal of the Legislation and Code Enforcement subcommittee is *to enhance legislation regarding the control of environmental lead hazards and the lead code enforcement in the City of Detroit*. The following activities will direct the Task Force



toward the achievement of this goal:

### Revision of 24-10 City Code Lead Ordinance

There is a need to amend Section 24-10 of the ordinance and identify measures for stricter enforcement. These measures for stricter enforcement include:

- Providing education for non-compliant owners in the requirements of the ordinance as well as greater monetary penalties for non-compliance
- More aggressive use of civil citations or blight violations and fines/penalties to enhance the level of compliance

### Improve Enforcement of the 24-10 City Code Lead Ordinance Until Revisions are Made

It is necessary to seek the advice, direction, and active participation from the City Attorney's Office regarding the most effective and efficient approach to increasing compliance through enforcement measures. It is well acknowledged that failure to enforce encourages owners to disregard violation notifications and undermines the

## Component 5 – Legislation and Code Enforcement continued



integrity of the existing law and efforts by the DCLPP&CP.

Suggested activities for improving enforcement of the 24-10 City Code Lead Ordinance include:

- The need to schedule more frequent administrative hearings with the objective being a clear message that the City intends to hold recalcitrant owners accountable
- The Task Force has proposed the concept of a "Lead Enforcement Quick Action Team" to be created as a special project targeting non-compliant landlords with citations of lead hazards on properties with multiple lead poisoned children. This team would be composed of inspectors from BSE, lead inspectors from DCLPP&CP, and abatement agencies working together to reduce lead hazardous homes and enforce the requirements of City Code 24-10 to the fullest extent of the law

### Evaluation Plan

One of the initiatives will be to monitor the enforcement progress of the existing City Ordinance Section 24-10 and evaluate the compliance outcome. Enforcing this code will allow DHWP to

exercise authority to levy strict civil and monetary penalties against non-compliant property owners that fail to act on issued violation notices. Since current compliance rates are low and the administrative hearings process is not fully effective, there is a need for a stronger system. If the ordinance is modified a direct comparison can be made of historic records of non-compliance and the time involved versus the outcomes directly associated with the code amendments. Another measure for behavior change of non-compliant property owners will be mandated training sessions for information on the requirements of and intent of the codes and ordinances affecting the housing stock within the City. Simple measurable outcomes will indicate the efficiencies of a more stringent follow-up and timely court action.

Another potential use of Section 24-10-6 of the ordinance is to proactively require visual inspections of exterior painted components of targeted housing within high-risk areas of the City. This particular section of the ordinance appears to create an affirmative legal duty and allows that deteriorated painted surfaces may be

considered potential sources of lead exposure for young children. If the City Attorney opines that this interpretation creates an additional enforceable requirement, this will provide increased opportunity to cite hazardous housing even if a resident child has not been identified as lead poisoned. Implementation of this preemptive method of citing lead-hazardous conditions will require proper public notification that such actions will be taken. The goal will be to improve housing and instill the need for maintenance by owners, with the incentive being avoidance of administrative penalties and the specter of civil litigation. This will provide important links between the environmental and outreach components of the DCLPP&CP. The outcomes to be measured will be increased property maintenance related to lead-based painted surfaces, improved working relationships with property owners, heightened awareness that housing with lead hazards will be subject to enforceable violation notices, and an increase in the level of timely compliance with the violation notices that are issued.



## Component 6 – Funding and Resource Enhancement

### Overview

There are a number of funding sources that can be garnered to support the mission of reducing and eliminating childhood lead poisoning in the City of Detroit. Aside from the dollars committed to repair and rehab programs conducted through City housing agencies and nonprofit organizations at the neighborhood level, there are millions of dollars specifically targeted to this lead problem. The DCLPP&CP is directly funded by CDC for education, outreach, and surveillance activities, with many positions supported by these funds. Michigan Department of Community Health (MDCH) and City General Funds provide additional sources of revenue. These resources are directed to a variety

of support services as necessary components of the lead program.

The Detroit Housing Commission is funded by the U.S. Department of Housing and Urban Development (HUD) and involved in the abatement of identified lead hazardous homes. The Housing Commission has a history of abating homes and providing inspections for the Section 8 Housing program. The Planning and Development Department has Community Development Block Grant and HOME funds from the federal government. Their funds are used to support a wide range of affordable housing programs designed to create better housing opportunities for low- and moderate-income residents.



The Detroit Community Partnership to Eliminate Lead Poisoning (DCPELP) collaborative, initiated by City Connect Detroit, is the result of various cross-sector groups coming together with a common objective: to eliminate lead poisoning in Detroit. The DCPELP collaborative created LEAP Detroit to carry out this initiative. The LEAP Detroit project, funded by HUD, will utilize a two-pronged attack to combat lead poisoning in the City. First, fund-raising activities will generate \$2.1 million in leveraged funds; secondly, the plan consists of lead remediation in 138 housing units in Detroit's 48213 and 48214 zip codes and a major, community-based education and outreach campaign. Community Lead Education and Reduction Corporation (CLEARCorps/Detroit) is a local community coalition operated by the Greater Detroit Area Health Council, funded by BASF Corporation, City of Detroit Department of Health and Wellness Promotion, City of Detroit Neighborhood Opportunity Fund, Empowerment Zone Development Corporation, Michigan Department of Community Health, and Lead Hazard Remediation Program. This



## Component 6 – Funding and Resource Enhancement continued

program works with families to protect their children from lead poisoning by providing lead education and lead hazard reduction training in the home. Healthy Homes=Healthy Kids is a non-profit organization bringing together issues of health, housing, and the environment. Low-level interim controls are conducted in homes with children who have elevated blood lead levels.

The overarching goal of the Funding and Resource Enhancement sub-committee is *to acquire funding and resources to eliminate childhood lead poisoning.*

The following activities will direct the Task Force toward the achievement of this goal:

### Acquire and Secure Funding

Current funding will be maintained and additional sources of funding will be identified through establishing and strengthening partnerships with private and corporate entities, foundations, and the local media. It is our hope that partnering



foundations and private corporations will make lead prevention a focal part of their community development activities. The DCLPP&CP will continue to bill for Medicaid reimbursable services to acquire additional funds to support lead services. As the City demonstrates measurable impacts through the outcomes of their lead poisoning prevention activities and projects,

there will be renewed efforts to garner additional federal awards for education and outreach, and lead hazard reduction activities in the targeted housing stock.

### Evaluation Plan

New partnerships and donations will be monitored on a quarterly basis. Any new sources of funding sought shall be fully documented with outcomes.



# Strategic Work Plan

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The activities and evaluation strategies in each of the six components have been incorporated into a Strategic Work Plan, which is included in the following pages. This Strategic Work Plan includes objectives, activities, responsible partners, time frames, cost, outcomes, and evaluation measures.

